

PRINTED: 06/17/2015  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL032068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 05/14/2015
NAME OF PROVIDER OR SUPPLIER  CENTRAL FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3714 COLE MILL ROAD DURHAM, NC 27705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  Report by Glenn Hoppin and Anthony Brinson  DHSR Construction Section conducted a Complaint follow up Survey on May 14, from 2:00pm to 3:00pm 2015 at the above referenced facility.  At the time of our visit, we observed deficiencies that require an acceptable plan of correction. They are as follows:	(C 000)	Central Family Care Home 3714 Cole Mill Road did not have a bed bug infestation, on 5/14/15 when Mr. Glenn Hoppin and Mr. Anthony Brinson made an unannounced visit to the Home. In fact one "bug" was seen in the ceiling at the initial visit. Unannounced visit by Mr. Glenn Hoppin. One "bug" does not translate to any bed bug infestation. A Licensed Certified Pest Control Company sprayed the Home 1/28/2015. The licensed pest control company 2/6/2015 provided the documentation with 5/19/2015 that there were no live bugs found/seen.	5/14/15
(C 153)	Houskeeping And Furnishings-Clean, Repaired  SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: The facility has a bed bug infestation. The facility is in violation of sanitation regulations in accordance with DENR Form 2094 Section 14 VERMIN CONTROL/PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent; effective control of rodents and other vermin; approved pesticides properly used; premises neat, clean, drained and free of litter and vermin harborages and breeding areas.  Licensed pest control contractors are currently treating the facility for bedbugs. Continue the treatment plan as recommended by the pest	(C 153)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dr. Thelma S. Braury R.N. M.C.H., C.H.E.

TITLE

President/Administrator

(X6) DATE

7/22/2015

STATE FORM

8U8U22

RECEIVED If continuation sheet 1 of 2

